

www.mass.gov/abcc

ADDITION FOR DENEWAY	
APPLICATION FOR RENEWAL: Annual	LICENSED FOR 2013
CLASS	YEAR
LICENSEE NAME: DRACUT AMERICAN LEGION I	LEO C. ROTH POST #315, INC.
DOING BUSINESS A	
ADDRESS 574 BROADWAY ROAD	
CITY/TOWN: DRACUT STATE: M	MA ZIP CODE: 01826
MANAGER: DEMERS, TYPE OF LICENSE ROBERT J	E: Veterans club CATEGORY: All Alcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YO	DUR EMAIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:	
TWO ROOMS ON FIRST FLOOR, TWO ROOMS IN CE	ELLAR,ONE ROOM FOR STORAGE
I hereby certify and swear under penalties of perjury that:	
1. the renewed license will be of the same type for	r the same premises now licensed;
2. the licensee has complied with all laws of the C	Commonwealth relating to taxes; and
3. the premises are now open for business (If not	explain below)
Individual, Partner or Authorized C	Corporate Officer
DATE: TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
DATE: TELEPHONE NUMBER:	
DATE: TELEPHONE NUMBER:  We the undersigned, attest that we are in possession (1 Acts of 2004, signed by the building inspector and the named license and (2) the certificate of liquor liability of 2010.	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  1) the certificate required by Chapter 304 of the head of the fire department for the above
We the undersigned, attest that we are in possession (1 Acts of 2004, signed by the building inspector and the named license and (2) the certificate of liquor liability of 2010.  Please Check Below:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  1) the certificate required by Chapter 304 of the head of the fire department for the above
We the undersigned, attest that we are in possession (1 Acts of 2004, signed by the building inspector and the named license and (2) the certificate of liquor liability of 2010.  Please Check Below: APPROVED:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  1) the certificate required by Chapter 304 of the head of the fire department for the above insurance required by Chapter 116 of the Acts
We the undersigned, attest that we are in possession (1 Acts of 2004, signed by the building inspector and the named license and (2) the certificate of liquor liability of 2010.  Please Check Below: APPROVED:  DISAPPROVED:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  1) the certificate required by Chapter 304 of the head of the fire department for the above insurance required by Chapter 116 of the Acts  LOCAL LICENSING AUTHORITY
We the undersigned, attest that we are in possession (1 Acts of 2004, signed by the building inspector and the named license and (2) the certificate of liquor liability of 2010.  Please Check Below: APPROVED:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  1) the certificate required by Chapter 304 of the head of the fire department for the above insurance required by Chapter 116 of the Acts  LOCAL LICENSING AUTHORITY
We the undersigned, attest that we are in possession (1 Acts of 2004, signed by the building inspector and the named license and (2) the certificate of liquor liability of 2010.  Please Check Below: APPROVED:  DISAPPROVED:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  1) the certificate required by Chapter 304 of the head of the fire department for the above insurance required by Chapter 116 of the Acts  LOCAL LICENSING AUTHORITY
We the undersigned, attest that we are in possession (1 Acts of 2004, signed by the building inspector and the named license and (2) the certificate of liquor liability of 2010.  Please Check Below: APPROVED:  DISAPPROVED:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  1) the certificate required by Chapter 304 of the head of the fire department for the above insurance required by Chapter 116 of the Acts  LOCAL LICENSING AUTHORITY



www.mass.gov/abcc

	CITY OR TOWN DRA	CUT
Annual	LICENSED F	OR 2013
CLASS		YEAR
STATE: MA	ZIP CODE: 0182	26
PE OF LICENSE: Res	taurant CATEGO	ORY: All Alcohol
EBSITE AND ENTER YOUR EN	IAIL ADDRESS	
SES:		
OF ONE FLOOR WIT ILLION	TH TWO ROOMS, CELL	AR FOR
of perjury that:		
the same type for the	same premises now license	ed;
all laws of the Comm	nonwealth relating to taxes	; and
business (If not expla	in below)	
or Authorized Corpo	rate Officer	
E NUMBER:		TIFICATION NUMBER:
	(Note. NOT individual)	Social Security Number)
spector and the head	of the fire department f	or the above
	LOCAL LICENSING A	AUTHORITY
	By:	
	STATE: MA DE OF LICENSE: Res DESITE AND ENTER YOUR ENTER YOUR ENTER DESITE AND ENTER Y	Annual CLASS  STATE: MA ZIP CODE: 0182  PE OF LICENSE: Restaurant CATEGO  SESTITE AND ENTER YOUR EMAIL ADDRESS SES:  OF ONE FLOOR WITH TWO ROOMS, CELL.  LLION  of perjury that: the same type for the same premises now license all laws of the Commonwealth relating to taxes business (If not explain below)  or Authorized Corporate Officer  E NUMBER: EMPLOYER IDENTING  (Note: NOT Individual in possession (1) the certificate required by Capector and the head of the fire department for liquor liability insurance required by Chapter  LOCAL LICENSING A



www.mass.gov/abcc

#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: (	)29200005	•	CITY OR TO	WN DRACUT	
APPLICATION FOR F	RENEWAL:	Annual	LIC	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	Γ.W.'S PUB, INC.				
DOING BUSINESS A	T.W.'S PUB				
ADDRESS 1794 BRID	GE STREET				
CITY/TOWN: DRAC	UT	STATE: MA	ZIP CODI	E: 01826	
MANAGER: WELCI	H, JUANITA TYPE	OF LICENSE: Rest	aurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					]
PLI	EASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR EMA	AIL ADDRESS		
DESCRIPTION OF LI	CENSED PREMISE	S:			
FIRST FLOOR COND DOUBLE DOOR ENT RIGHT FRONT SIDE	RANCE/EXIT IN FI	RONT,SINGLE DO	OR ENTRAN	CE/EXIT SIDE,	
I hereby certify and swe	ear under penalties of	f perjury that:			
1. the renewed	license will be of the	e same type for the s	ame premises	now licensed;	
	has complied with al			ing to taxes; and	
3. the premises	s are now open for bu	isiness (If not explai	n below)		
SIGNED BY	Individual, Partner or	· Authorized Corpor	ate Officer		
	, , , , , , , , , , , , , , , , , , , ,				
DATE:	TELEPHONE I	NUMBER:	EMPLO	OYER IDENTIFICAT	TION NUMBER:
	1222110112	. venibliv.	(Note: NO	T Individual Social S	Security Number)
We the undersigned, Acts of 2004, signed by named license and (2) of 2010.	y the building inspe	ector and the head	of the fire dep	partment for the	above
Please Check Below:			LOCAL LIC	ENSING AUTH	ORITY
APPROVED:	_		By:		
DISAPPROVED:					
(If disapproved explain	)		·		
DATE:					



www.mass.gov/abcc

LICENSE NUMBER	: 029200008		CITY OR I	OWN I	DRACUI	
APPLICATION FOR	RENEWAL:	Annual	I	LICENSE	ED FOR 20	)13
		CLASS				YEAR
LICENSEE NAME:	BROADWAY	VILLAGE FOODS, IN	C.			
DOING BUSINESS A	A THE VILLA	GE INN				
ADDRESS 544 BRO	ADWAY ROA	D				
CITY/TOWN: DRA	CUT	STATE: MA	ZIP CO	DE:	01826	
MANAGER: MARACHRI	AGANIS, STOPHER	TYPE OF LICENSE: In	inholder	САТ	TEGORY:	All Alcohol
EMAIL ADDRESS:						
P	LEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR	EMAIL ADDRESS			_
DESCRIPTION OF L	ICENSED PRI	EMISES:				
FLOOR;RESTAURA	NT AND LOU	D LOUNGE INCLUDIN NGE INCLUDING PAT TORAGE IN BASEME	ΓΙΟ. 3RD FLR	; SLEEP	_	
I hereby certify and sv	wear under pena	alties of perjury that:				
1. the renewe	d license will b	e of the same type for th	e same premise	es now lie	censed;	
2. the license	e has complied	with all laws of the Con	nmonwealth rel	ating to t	axes; and	
3. the premise	es are now oper	n for business (If not exp	olain below)			
SIGNED BY	Individual, Pa	rtner or Authorized Corp	oorate Officer			
DATE:	TELEPI	HONE NUMBER:				ION NUMBER:
			(Note: <u>r</u>	NOT Indivi	idual Social S	ecurity Number)
Acts of 2004, signed	by the buildin	e are in possession (1) t g inspector and the hea te of liquor liability ins	ad of the fire o	lepartme	ent for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	 (n)		LOCAL L By:	ICENSIN	NG AUTHO	ORITY
DATE:						



www.mass.gov/abcc

#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUME	BER: 029200009		CITY OR TOWN	DRACUT
APPLICATION I	FOR RENEWAL:	Annual	LICENSE	ED FOR 2013
		CLASS		YEAR
LICENSEE NAM	IE: S & P RESTA	URANT INC.		
DOING BUSINE	SS A PARKER GI	RILLE & PUB		
ADDRESS 101 E	BROADWAY RD.			
CITY/TOWN: L	DRACUT	STATE: MA	ZIP CODE:	01826
	EAUDOIN, AULA	TYPE OF LICENSE: Res	taurant CAT	EGORY: All Alcohol
EMAIL ADDRES	SS:			
	PLEASE ALSO VISIT (	OUR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
	OF LICENSED PR			
	D EXIT AT FRON	REA ON GROUND LEVE T OF PREMISES; SECON		
I hereby certify an	nd swear under pena	alties of perjury that:		
1. the ren	newed license will b	be of the same type for the	same premises now lic	ensed;
2. the lice	ensee has complied	with all laws of the Comm	onwealth relating to t	axes; and
3. the pre	emises are now ope	n for business (If not expla	in below)	
SIGNED BY	Individual, Pa	artner or Authorized Corpor	rate Officer	
	,	·		
DATE:	TELEP	HONE NUMBER:	EMPLOYER II	DENTIFICATION NUMBER:
			(Note: NOT Indivi	dual Social Security Number)
Acts of 2004, sig	ned by the buildin	e are in possession (1) the ng inspector and the head te of liquor liability insur	of the fire departme	nt for the above
Please Check Below:			LOCAL LICENSIN	IG AUTHORITY
APPROVED:			By:	
DISAPPROVED				
(If disapproved ex	xpiaiii)			
DATE:				



www.mass.gov/abcc

#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 029200010	(	CITY OR TOWN DRACUT
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: CLUB FLEUR-DE-	-LIS OF LOWELL M	A.
DOING BUSINESS A FLEUR DE LIS C	LUB	
ADDRESS 39 ELM ST.		
CITY/TOWN: DRACUT	STATE: MA	ZIP CODE: 01826
MANAGER: MEREDITH, TYP THOMAS	PE OF LICENSE: Club	CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR EMA	IL ADDRESS
DESCRIPTION OF LICENSED PREMIS		
FIRST FLOOR BAR AND LOUNGE; AT ENTRANCES/EXITS TO SIDE & FRON LEADING TO LAKE SIDE.		
I hereby certify and swear under penalties	of perjury that:	
1. the renewed license will be of t	he same type for the sa	ame premises now licensed;
2. the licensee has complied with		· ·
3. the premises are now open for l	business (If not explain	n below)
SIGNED BY Individual, Partner	or Authorized Corpora	nte Officer
,		
DATE: TELEPHONI	F NI IMBER:	EMPLOYER IDENTIFICATION NUMBER:
	BITOMBER.	(Note: NOT Individual Social Security Number)
Acts of 2004, signed by the building ins	pector and the head o	certificate required by Chapter 304 of the of the fire department for the above nnce required by Chapter 116 of the Acts
Please Check Below:		LOCAL LICENSING AUTHORITY
APPROVED:		By:
DISAPPROVED: (If disapproved explain)		
(ii disappioved expiain)		
DATE:		



www.mass.gov/abcc

LICENSE NUMBER	R: 029200011		CITY OR TOWN	DRACUT
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	LE CHANTECLERO	C INC.		
DOING BUSINESS	Α			
ADDRESS G ST.				
CITY/TOWN: DRA	ACUT	STATE: MA	ZIP CODE:	01826
	JMIL, TYPE LIAM S.	E OF LICENSE: Clul	C.	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR EM	AIL ADDRESS	
	LICENSED PREMISE			
	ROOM, KITCHEN AN		ORAGE	
• •	swear under penalties o			
	ved license will be of th	• •	1	
	see has complied with a		_	o taxes; and
3. the premi	ises are now open for b	usiness (If not expia	in below)	
SIGNED BY			rata Officar	
	Individual, Partner o	or Authorized Corpo	AIE CHILEI	
	Individual, Partner o	or Authorized Corpo	ale Officer	
	Individual, Partner o	or Authorized Corpo	ate Officer	
DATE:				R IDENTIFICATION NUMBER:
DATE:	Individual, Partner o		EMPLOYER	R IDENTIFICATION NUMBER:
	TELEPHONE	NUMBER:	EMPLOYER (Note: <u>NOT</u> Inc	lividual Social Security Number)
We the undersigne	TELEPHONE	NUMBER: n possession (1) the	EMPLOYER (Note: NOT Inc	ed by Chapter 304 of the
We the undersigne Acts of 2004, signe	TELEPHONE ed, attest that we are in d by the building insp	NUMBER: n possession (1) the sector and the head	EMPLOYER (Note: NOT Incomplete In	ed by Chapter 304 of the
We the undersigne Acts of 2004, signe	TELEPHONE ed, attest that we are in d by the building insp	NUMBER: n possession (1) the sector and the head	EMPLOYER (Note: NOT Incomplete In	ed by Chapter 304 of the ment for the above
We the undersigne Acts of 2004, signe named license and	TELEPHONE ed, attest that we are in d by the building insp	NUMBER: n possession (1) the sector and the head	EMPLOYER (Note: NOT Inc. certificate require of the fire departs rance required by	ed by Chapter 304 of the ment for the above
We the undersigne Acts of 2004, signe named license and of 2010.  Please Check Below: APPROVED:	TELEPHONE ed, attest that we are in d by the building insp	NUMBER: n possession (1) the sector and the head	EMPLOYER (Note: NOT Inc. certificate require of the fire departs rance required by	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
We the undersigne Acts of 2004, signe named license and of 2010.  Please Check Below: APPROVED: DISAPPROVED:	TELEPHONE ed, attest that we are in d by the building insp (2) the certificate of li	NUMBER: n possession (1) the sector and the head	EMPLOYER (Note: NOT Inc. certificate require of the fire departs rance required by LOCAL LICENS	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
We the undersigne Acts of 2004, signe named license and of 2010.  Please Check Below: APPROVED:	TELEPHONE ed, attest that we are in d by the building insp (2) the certificate of li	NUMBER: n possession (1) the sector and the head	EMPLOYER (Note: NOT Inc. certificate require of the fire departs rance required by LOCAL LICENS	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
We the undersigne Acts of 2004, signe named license and of 2010.  Please Check Below: APPROVED: DISAPPROVED:	TELEPHONE ed, attest that we are in d by the building insp (2) the certificate of li	NUMBER: n possession (1) the sector and the head	EMPLOYER (Note: NOT Inc. certificate require of the fire departs rance required by LOCAL LICENS	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
We the undersigne Acts of 2004, signe named license and of 2010.  Please Check Below: APPROVED: DISAPPROVED:	TELEPHONE ed, attest that we are in d by the building insp (2) the certificate of li	NUMBER: n possession (1) the sector and the head	EMPLOYER (Note: NOT Inc. certificate require of the fire departs rance required by LOCAL LICENS	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts



www.mass.gov/abcc

#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 029200013	(	CITY OR TOW	N DRACUT	
APPLICATION FO	R RENEWAL:	Annual	LIC	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	MANOLIS, INC				
DOING BUSINESS	A DRACUT HOUS	SE OF PIZZA			
ADDRESS 1067 LA	AKEVIEW AVE.				
CITY/TOWN: DR	ACUT	STATE: MA	ZIP CODE:	01826	
	NOLIS, TY OLAOS E.	TPE OF LICENSE: Resta	aurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR W	VEBSITE AND ENTER YOUR EMA	AIL ADDRESS		_
	LICENSED PREMI				
2ND FLOOR, 1ST I		ENTRANCES/EXITS. DINING AREA, SMAI HROOMS.			
I hereby certify and	swear under penaltie	s of perjury that:			
1. the renew	ved license will be of	f the same type for the sa	ame premises n	ow licensed;	
2. the licens	see has complied with	h all laws of the Commo	onwealth relatin	ig to taxes; and	
3. the premi	ises are now open for	r business (If not explain	n below)		
SIGNED BY	Individual, Partne	er or Authorized Corpora	ate Officer		
					1
DATE:	TELEPHON	NE NUMBER:	EMPLO	YER IDENTIFICAT	TION NUMBER:
			(Note: NOT	Individual Social S	Security Number)
Acts of 2004, signe	d by the building in	e in possession (1) the osspector and the head of liquor liability insura	of the fire depa	artment for the	above
Please Check Below:			LOCAL LICE	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expl	am)				
DATE:			-		



www.mass.gov/abcc

LICENSE NUMBER: 029	9200014		C	ITY OR TOW	N DRACUI	
APPLICATION FOR RE	NEWAL:	Annu	al	LICI	ENSED FOR 20	013
		CLAS	SS			YEAR
LICENSEE NAME: WA	ATER WHEEL	RESTAURAN	T, INC.			
DOING BUSINESS A O	'HARA'S TAV	ERN				
ADDRESS 44 TENNIS P	PLAZA ROAD					
CITY/TOWN: DRACU	Γ	STATE:	MA	ZIP CODE:	01926	
MANAGER: GOOKIN M.	, JAMES TY	PE OF LICEN	SE:Resta	urant	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLEAS	SE ALSO VISIT OUR V	VEBSITE AND ENTER	YOUR EMAI	L ADDRESS		_
DESCRIPTION OF LICE						
TOTAL OF 75 X 48 SQ. MEN'S ROOM,2 EXIT D				the state of the s		
I hereby certify and swear	under penaltie	es of perjury tha	t:			
1. the renewed lie	cense will be of	f the same type	for the sa	me premises n	ow licensed;	
2. the licensee ha	s complied wit	h all laws of the	Commo	nwealth relatin	g to taxes; and	
3. the premises a	-					
SIGNED BY						
Inc	dividual, Partne	er or Authorized	Corpora	te Officer		
DATE:	TELEPHO	NE NUMBER:			YER IDENTIFICAT	
				(Note: NOT	Individual Social S	Security Number)
We the undersigned, att Acts of 2004, signed by named license and (2) th of 2010.	the building in	nspector and th	e head o	f the fire depa	rtment for the	above
Please Check Below:				LOCAL LICE	NSING AUTH	ORITY
APPROVED:				By:		
DISAPPROVED:						
(If disapproved explain)						
				-		
DATE:						



www.mass.gov/abcc

LICENSE NUMBER: 0292	200015	(	CITY OR TOWN	DRACUT	
APPLICATION FOR REN	EWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: TAI DOING BUSINESS A LO	KAI RESTAURANT				
ADDRESS 1655 LAKEVI					
CITY/TOWN: DRACUT	Sī	TATE: MA	ZIP CODE:	01826	
MANAGER: HUI, MAN	WAH TYPE OF	LICENSE: Rest	aurant C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	ALSO VISIT OUR WEBSITE A	ND ENTER YOUR EMA	AIL ADDRESS		
ONE LEVEL BUILDING, ROOMS, TWO PUBLIC R LOUNGE/FUNCTION RO	THREE SEPARATI				STOCK
2. the licensee has	under penalties of per ense will be of the sar complied with all lav e now open for busine	me type for the s vs of the Commo	onwealth relating to		
SIGNED BY Indi	vidual, Partner or Au	thorized Corpor	ate Officer		
DATE:	TELEPHONE NUI	MBER:	EMPLOYER (Note: NOT Inc	R IDENTIFICAT lividual Social So	
We the undersigned, atte Acts of 2004, signed by the named license and (2) the of 2010.	he building inspecto	r and the head	of the fire depart	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LICENS By:	SING AUTHO	ORITY
DATE:					



www.mass.gov/abcc

LICENSE NUMBI	ER: 029200016		CITY OR TOWN D	RACUT
APPLICATION FO	OR RENEWAL:	Annual	LICENSEL	FOR 2013
		CLASS		YEAR
DOING BUSINES	E: SPORTS ZONE, INC S A NNIS PLAZA ROAD			
CITY/TOWN: DI		STATE: MA	ZIP CODE: 0	1826
	ORGIA MOUSIS TYPE	OF LICENSE:Re	staurant CATE	EGORY: All Alcohol
EMAIL ADDRESS	S:			
	PLEASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF	F LICENSED PREMISES	S:		
	DINING ROOM, LOUN AR. FRONT ENTRANCE			
I hereby certify and	l swear under penalties of	perjury that:		
1. the rene	wed license will be of the	same type for the	same premises now lice	ensed;
	nsee has complied with all nises are now open for bu		_	xes; and
SIGNED BY	Individual, Partner or	Authorized Corpe	orate Officer	
DATE:	TELEPHONE 1	NUMBER:		ENTIFICATION NUMBER: nal Social Security Number)
Acts of 2004, sign	ned, attest that we are in ed by the building inspe d (2) the certificate of lig	ctor and the hea	d of the fire departmen	t for the above
Please Check Below: APPROVED:	1		LOCAL LICENSING	G AUTHORITY
DISAPPROVED: (If disapproved exp	olain)		By:	
DATE:				
APPLICATION FOR REN	EWAL MUST BE FILED BY LICE	NSEES DURING THE M	IONTH OF NOVEMBER (M.G.L.	Ch. 138 \$ 16A)



www.mass.gov/abcc

LICENSE NUMBER	R: 029200017		CITY OR TOWN DRACU	T
APPLICATION FO	R RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAME:	AVENUE PUB,LLC	C		
DOING BUSINESS	A			
ADDRESS 1629 LA	KEVIEW AVE.			
CITY/TOWN: DRA	ACUT	STATE: MA	ZIP CODE: 01826	
MANAGER: MCN M.	NIFF, DONALD TYPI	E OF LICENSE: Res	taurant CATEGOR'	Y: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WEE	3SITE AND ENTER YOUR EN	IAIL ADDRESS	
	LICENSED PREMISI			
SINGLE STORY BULEFT SIDE OF BUIL		E MAIN ENTRANC	E/EXIT IN FRONT & TWO	EXITS ON
I hereby certify and	swear under penalties o	of perjury that:		
1. the renew	ved license will be of the	ne same type for the	same premises now licensed;	
2. the licens	ee has complied with a	all laws of the Comn	nonwealth relating to taxes; an	d
3. the premi	ses are now open for b	ousiness (If not expla	in below)	
SIGNED BY				
	Individual, Partner of	or Authorized Corpo	rate Officer	
DATE:	TELEPHONE	E NUMBER:	EMPLOYER IDENTIFIC	
			(Note: NOT Individual Social	al Security Number)
Acts of 2004, signe	d by the building insp	pector and the head	e certificate required by Cha l of the fire department for t rance required by Chapter 1	he above
Please Check Below:			LOCAL LICENSING AUT	HORITY
APPROVED:			By:	
DISAPPROVED:	oin)			
(If disapproved explain	a111 <i>)</i>			
				<del></del>
DATE:				



www.mass.gov/abcc

LICENSE NUMBI	ER: 029200018		CITY OR TOV	WN DRACUT	
APPLICATION FO	OR RENEWAL:	Annual	LIC	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME	E: ELP CORP				
DOING BUSINES	S A PALACE PIZZA	& SEAFOOD REST	ΓAURANT		
ADDRESS 1217 M	MAMMOTH RD.				
CITY/TOWN: DI	RACUT	STATE: MA	ZIP CODE	E: 01826	
MANAGER: PA	RGAS, LAURA TY	PE OF LICENSE:Re	estaurant	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	S:				
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR E	MAIL ADDRESS		_
	F LICENSED PREMI				
2,000 SQUARE FE MAMMOTH ROA	EET, EXITS TO FROI AD,DRACUT.	NT AND REAR OF	BUILDING LOC	CATED AT 1217	7
I hereby certify and	l swear under penalties	s of perjury that:			
1. the rene	wed license will be of	the same type for the	same premises	now licensed;	
2. the licer	nsee has complied with	all laws of the Com	monwealth relati	ng to taxes; and	
3. the pren	nises are now open for	business (If not expl	ain below)		
SIGNED BY					
	Individual, Partner	r or Authorized Corp	orate Officer		
D 4 TF					
DATE:	TELEPHON	IE NUMBER:		OYER IDENTIFICAT $\underline{\Gamma}$ Individual Social S	
			(Note: NO	E marviduai sociai s	security Number)
Acts of 2004, sign	ned, attest that we are ned by the building in d (2) the certificate of	spector and the hea	d of the fire dep	partment for the	above
Please Check Below:			LOCAL LIC	ENSING AUTH	ORITY
APPROVED:	]		By:		
DISAPPROVED:					
(If disapproved exp	olain)				
			-		
DATE:					



www.mass.gov/abcc

#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	129200020		CHY	OR TOWN	DRACUI	
APPLICATION FOR F	RENEWAL:	Annual		LICEN	SED FOR 2	013
		CLASS				YEAR
LICENSEE NAME: I DOING BUSINESS A ADDRESS 511 MERR	LIN GARDEN	RPRISES LTD				
CITY/TOWN: DRAC	UT	STATE: MA	ZI	P CODE:	01826	
MANAGER: CHUNG	G, ANDY A. TYPE	OF LICENSE: Re	estaurant	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLI	EASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR I	EMAIL ADD	RESS		_
DESCRIPTION OF LI	CENSED PREMISE	S:				
UPPER LEVEL;DININ LOWER LEVEL;FUNG			OR COO	KING, DIS	HWASHING	ROOM.
I hereby certify and swe	ear under penalties of	perjury that:				
1. the renewed	license will be of the	e same type for the	e same p	remises nov	v licensed;	
2. the licensee	has complied with al	l laws of the Com	monwea	lth relating	to taxes; and	
3. the premises	s are now open for bu	siness (If not exp	lain belo	ow)		
SIGNED BY	Individual, Partner or	· Authorized Corp	orate Of	ficer		
DATE:	TELEPHONE )	NUMBER:	(			ΓΙΟΝ NUMBER: Security Number)
We the undersigned, Acts of 2004, signed by named license and (2) of 2010.	y the building inspe	ector and the hea	d of the	fire depart	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	]		LOC By:	CAL LICEN	SING AUTH	ORITY
DATE:						



www.mass.gov/abcc

	CITY OR TOWN DRACU	ľ
Annual	LICENSED FOR	2013
CLASS		YEAR
7		
P PUB		
STATE: MA	ZIP CODE: 01826	
TYPE OF LICENSE: Re	estaurant CATEGORY	: All Alcohol
OUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS	
EMISES:		
AR FOR STORAGE		
alties of perjury that:		
e of the same type for the	e same premises now licensed;	
with all laws of the Com	monwealth relating to taxes; and	d
n for business (If not exp	lain below)	
rtner or Authorized Corp	oorate Officer	
HONE NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Social	
g inspector and the hea	nd of the fire department for th	ne above
	LOCAL LICENSING AUT	HORITY
	By:	
BY LICENSEES DURING THE N	MONTH OF NOVEMBER (M.G.L. Ch. 138 S	S 16A)
	CLASS  PUB  STATE: MA  TYPE OF LICENSE: Research of the same type for the with all laws of the Companion for business (If not expertment or Authorized Corporation of the Same type for the with all laws of the Companion for business (If not expertment or Authorized Corporation of the NUMBER:  Pare in possession (1) the inspector and the heat the of liquor liability instance.	Annual CLASS  PPUB  STATE: MA ZIP CODE: 01826  TYPE OF LICENSE: Restaurant CATEGORY  OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS  EMISES:  REFOR STORAGE  alties of perjury that:  e of the same type for the same premises now licensed; with all laws of the Commonwealth relating to taxes; and in for business (If not explain below)  There or Authorized Corporate Officer  HONE NUMBER: EMPLOYER IDENTIFIC. (Note: NOT Individual Social are in possession (1) the certificate required by Chapter 1 to GLOCAL LICENSING AUTHORS.)



www.mass.gov/abcc

LICENSE NUM	MBER: 029200026		CITY OR TOWN DI	RACUT
APPLICATION	N FOR RENEWAL:	Annual	LICENSED	FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: GOURMET INC.			
DOING BUSIN	NESS A JIMMY'S PIZZA			
ADDRESS 282	2- PLEASANT ST.			
CITY/TOWN:	DRACUT	STATE: MA	ZIP CODE: 0	1826
MANAGER:	CARVALHO, TYI RONAN	PE OF LICENSE: Res	taurant CATE	EGORY: Wine and Malt Regular
EMAIL ADDR	ESS:			
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION	N OF LICENSED PREMIS	SES:		
TWO ROOMS	ON FIRST FLOOR, ONE	E ROOM ON FIRST	FLOOR FOR STORAG	E ONLY
I hereby certify	and swear under penalties	of perjury that:		
1. the	renewed license will be of	the same type for the	same premises now lice	ensed;
2. the 1	licensee has complied with	all laws of the Comn	nonwealth relating to tax	xes; and
3. the 1	premises are now open for	business (If not expla	in below)	
SIGNED BY				
	Individual, Partner	or Authorized Corpo	rate Officer	
DATE:	TELEPHON	E NUMBER:		ENTIFICATION NUMBER:
			(Note: NOT Individu	nal Social Security Number)
	signed, attest that we are signed by the building ins			
named license of 2010.	and (2) the certificate of	liquor liability insu	rance required by Cha	pter 116 of the Acts
Please Check Belo	ow:		LOCAL LICENSING	G AUTHORITY
APPROVED:			By:	
DISAPPROVE	ED:		•	
(If disapproved	explain)			
DATE:				
	RENEWAL MUST BE FILED BY L	ACENARES DANDAS TAREAS	OVERVIOUS MEDICAL CAL	<b>*</b>



www.mass.gov/abcc

LICENSE NUI	MBER: 029200027		CITY OR TOWN DRACU	Γ
APPLICATION	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NA	AME: RENDEZVO	US LOUNGE INCORPOR	RATED	
DOING BUSIN	NESS A			
ADDRESS 473	3 RIVERSIDE ST			
CITY/TOWN:	DRACUT	STATE: MA	ZIP CODE: 01826	
MANAGER:	CARBONE, MILTON R.	TYPE OF LICENSE: Res	staurant CATEGORY	Y: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
-	N OF LICENSED PR			
FIRST FLOOR ROOM FOR S'		D CELLAR FOR COOLE	R AND STORAGE. SECOND	FLR; ONE
I hereby certify	and swear under pen	alties of perjury that:		
1. the	renewed license will	be of the same type for the	same premises now licensed;	
2. the 1	licensee has complied	l with all laws of the Comr	nonwealth relating to taxes; an	d
3. the 1	premises are now ope	en for business (If not expla	ain below)	
SIGNED BY				
	Individual, Pa	artner or Authorized Corpo	orate Officer	
DATE:	TELEP	HONE NUMBER:	EMPLOYER IDENTIFIC	
			(Note: NOT Individual Social	ii Security Number)
Acts of 2004, and license	signed by the building	ng inspector and the head	e certificate required by Cha d of the fire department for the rance required by Chapter 1	he above
of 2010.				
Please Check Belo APPROVED:	<u>ow:</u>		LOCAL LICENSING AUT	HORITY
DISAPPROVED.	ED:		By:	
(If disapproved				
DATE:				



www.mass.gov/abcc

LICENSE NUMBER	R: 029200028		CITY OR TOWN DRACU	JT
APPLICATION FOR	R RENEWAL:	Annual	LICENSED FOR	2 2013
		CLASS		YEAR
LICENSEE NAME:	M & M LOUNGE	, INC.		
DOING BUSINESS	A JOKER'S LOUN	GE		
ADDRESS 135 STE	WART ST.			
CITY/TOWN: DRA	ACUT	STATE: MA	ZIP CODE: 01826	
	RTEMANCHE, TY REN J	PE OF LICENSE: Res	staurant CATEGOR	Y: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR W	VEBSITE AND ENTER YOUR EN	MAIL ADDRESS	
DESCRIPTION OF	LICENSED PREMI	SES:		
			ORAGE. OUTDOOR PATION REAR OF PREMISE	O. DOUBLE
I hereby certify and s	wear under penaltie	s of perjury that:		
1. the renew	ed license will be of	the same type for the	same premises now licensed;	
2. the licens	ee has complied with	h all laws of the Comr	nonwealth relating to taxes; an	nd
3. the premi	ses are now open for	r business (If not expla	ain below)	
SIGNED BY				
	Individual, Partne	r or Authorized Corpo	orate Officer	
DATE:	TELEPHON	NE NUMBER:	EMPLOYER IDENTIFIC	
			(Note: <u>NOT</u> Individual Soci	ial Security Number)
Acts of 2004, signed	d by the building in	spector and the head	e certificate required by Cha l of the fire department for rance required by Chapter	the above
Please Check Below:			LOCAL LICENSING AUT	ГНОRITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved expla	nn)			
			-	
DATE:			-	



www.mass.gov/abcc

LICENSE NU.	MBER: 029200029		CITY OR TOWN DRACUT	
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 2	013
		CLASS		YEAR
LICENSEE NA	AME: GEORGE'S C	AFE OF DRACUT INC		
DOING BUSI	NESS A			
ADDRESS 57	0 TEXTILE AVE			
CITY/TOWN:	DRACUT	STATE: MA	ZIP CODE: 01826	
MANAGER:	MAHALERIS, BLANCHE A.	TYPE OF LICENSE:R	estaurant CATEGORY:	All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PRI	EMISES:		
ONE FLOOR,	TWO ROOMS,CELL	AR FOR STORAGE		
I hereby certify	and swear under pena	alties of perjury that:		
1. the	renewed license will b	e of the same type for the	e same premises now licensed;	
2. the	licensee has complied	with all laws of the Con	nmonwealth relating to taxes; and	
3. the	premises are now oper	n for business (If not exp	plain below)	
SIGNED BY  DATE:		rtner or Authorized Corp	EMPLOYER IDENTIFICA	
			(Note: NOT Individual Social	Security Number)
Acts of 2004,	signed by the buildin	g inspector and the hea	he certificate required by Chap ad of the fire department for the surance required by Chapter 11	e above
Please Check Belo	ow:		LOCAL LICENSING AUTH	IORITY
APPROVED:			By:	
DISAPPROVI				
(If disapproved	i explain)			
DATE:				
DAIE.				
APPLICATION FOR	R RENEWAL MUST BE FILED	BY LICENSEES DURING THE	MONTH OF NOVEMBER (M.G.L. Ch. 138 \$	16A)



www.mass.gov/abcc

#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	029200030		CITY OR TOW	N DRACUI	
APPLICATION FOR I	RENEWAL:	Annual	LICE	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	A J Leaver Corp	)			
DOING BUSINESS A	BACK TO TH	E BOATHOUSE			
ADDRESS 294 TYNG	SBORO RD				
CITY/TOWN: DRAC	CUT	STATE: MA	ZIP CODE:	01826	
MANAGER: Leaver	, Andrea J T	YPE OF LICENSE: R	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PL	EASE ALSO VISIT OUI	R WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF LI	CENSED PREM	AISES:			
FIRST FLOOR THRE	E ROOMS,CEL	LAR, TWO ROOMS,	BANQUET ROOM	1 AND STORA	AGE
I hereby certify and sw	ear under penalt	ies of perjury that:			
		of the same type for th			
	_	ith all laws of the Com		g to taxes; and	
3. the premise	s are now open f	for business (If not exp	lain below)		
SIGNED BY	In dissideral Dead	A	065		
	individuai, Parti	ner or Authorized Corp	orate Officer		
DATE:			EMPLOY		TION NUMBER
DATE.	TELEPHO	ONE NUMBER:		ER IDENTIFICAT Individual Social S	
			` <del></del>		, , , , , , , , , , , , , , , , , , , ,
We the undersigned, Acts of 2004, signed I named license and (2 of 2010.	by the building	inspector and the hea	nd of the fire depa	rtment for the	above
Please Check Below:			LOCAL LICE	NSING AUTH	ORITY
APPROVED:	=		By:		
DISAPPROVED:					
(If disapproved explain	1)				
DATE:			-		



www.mass.gov/abcc

#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	29200033		CITY OR TO	WN DRAC	UT
APPLICATION FOR R	ENEWAL:	Annual	LI	CENSED FO	R 2013
		CLASS			YEAR
LICENSEE NAME: S	ONESH INC.				
DOING BUSINESS A	MICHAEL'S ON	E-STOP			
ADDRESS 115- HAMI	PSON ST				
CITY/TOWN: DRAC	UT	STATE: M	IA ZIP COD	E: 01826	i
MANAGER: JAIN, S	ANGEETA TYP	E OF LICENSE:	Package Store	CATEGO	RY: All Alcohol
EMAIL ADDRESS:					
PLE	ASE ALSO VISIT OUR WE	EBSITE AND ENTER YOU	UR EMAIL ADDRESS		
DESCRIPTION OF LIC	CENSED PREMIS	SES:			
ENTIRE BUILDING O TWO REAR SERVICE		ET FLOOR,ENT	TRANCE AT 115-	117 HAMPSO	ON ST WITH
I hereby certify and swe	ar under penalties	of perjury that:			
1. the renewed	license will be of t	the same type for	the same premises	now licensed	;
2. the licensee	has complied with	all laws of the Co	ommonwealth rela	ting to taxes;	and
3. the premises	are now open for	business (If not e	xplain below)		
SIGNED BY					
I	ndividual, Partner	or Authorized Co	orporate Officer		
DATE:	TELEPHON	E NUMBER:	EMPL	OYER IDENTIF	ICATION NUMBER:
			(Note: <u>NC</u>	<b><u>OT</u></b> Individual So	cial Security Number)
Please Check Below:			LOCAL LIC	CENSING AU	THORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain)	)				
DATE:					



www.mass.gov/abcc

### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 029200	0034	CITY OR TOWN DRACU	T
APPLICATION FOR RENE	WAL: Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: SPJRK	, LLC		
DOING BUSINESS A NAV	Y YARD LIQUORS		
ADDRESS 3 HAMPSON ST	REET		
CITY/TOWN: DRACUT	STATE: MA	ZIP CODE: 01826	
MANAGER: KONG, SHA	WN TYPE OF LICENSE:P	ackage Store CATEGORY	Y: All Alcohol
EMAIL ADDRESS:			
2. the licensee has co	O SQ FT  der penalties of perjury that:  be will be of the same type for the	nmonwealth relating to taxes; an	d
SIGNED BY Individ	dual, Partner or Authorized Cor	porate Officer	
DATE:	ΓELEPHONE NUMBER:	EMPLOYER IDENTIFIC (Note: <u>NOT</u> Individual Socia	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUT By:	THORITY
DATE:			



www.mass.gov/abcc

#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 029	9200035		CITY OR TOWN	DRACUI	
APPLICATION FOR RE	NEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: VIC	CTORY DISTRIBUTO	RS INC.			
DOING BUSINESS A H	ANNAFORD FOOD &	DRUG			
ADDRESS 301 PLEASA	NT ST				
CITY/TOWN: DRACU	Γ STA	ATE: MA	ZIP CODE:	01826	
MANAGER: LITTREL JACKSON		ICENSE: Pack	tage Store (	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEAS	E ALSO VISIT OUR WEBSITE AN	D ENTER YOUR EM.	AIL ADDRESS		_
DESCRIPTION OF LICE					
SINGLE STORY BLDG AND 2 ENTRANCES AN				MERGENCY	EXITS
I hereby certify and swear	under penalties of perju	ıry that:			
1. the renewed lie	cense will be of the same	e type for the s	same premises no	w licensed;	
2. the licensee ha	s complied with all laws	of the Comm	onwealth relating	to taxes; and	
3. the premises a	re now open for busines	s (If not explai	in below)		
SIGNED BY					
Inc	lividual, Partner or Auth	orized Corpor	rate Officer		
DATE					
DATE:	TELEPHONE NUM	BER:		ER IDENTIFICAT ndividual Social S	
			(Note: <u>NOT</u> 1	ndividuai Sociai S	security Number)
Please Check Below:			LOCAL LICEN	ISING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved explain)					
(11 sisuppio rod enpium)					
DATE:					



www.mass.gov/abcc

#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	029200036		CITY OR TO	WN DRACUI	
APPLICATION FOR	RENEWAL:	Annual	LIC	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	MERRIMACK L	IQUOR INC			
DOING BUSINESS A	A ANDY & LEO	LIQUORS			
ADDRESS 439 MER	RIMAC AVE				
CITY/TOWN: DRA	CUT	STATE: MA	ZIP CODE	i: 01826	
MANAGER: SAVY	C,CHUM TY	PE OF LICENSE: P	ackage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF L	ICENSED PREM	ISES:			
FIRST FLOOR CONS MIDDLE FRONT, O		=		ROOM, ENTRA	ANCE AT
2. the license	e has complied wi	f the same type for the the all laws of the Coror business (If not exp	nmonwealth relati		
SIGNED BY	Individual, Partne	er or Authorized Cor	porate Officer		
DATE:	TELEPHO	NE NUMBER:		OYER IDENTIFICA Individual Social S	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	 n)		LOCAL LIC	ENSING AUTH	ORITY
DATE:					



www.mass.gov/abcc

#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU.	MBEK: 029200037		CITY OR TOWN DRACUI	
APPLICATIO	N FOR RENEWAL	.: Annual	LICENSED FOR	2013
		CLASS		YEAR
DOING BUSI	AME: BILLY'S V NESS A 6 MERRIMACK A			
CITY/TOWN:	DRACUT	STATE: MA	ZIP CODE: 01826	
MANAGER:	GAUTHIER, WILLIAM G	TYPE OF LICENSE:P	ackage Store CATEGORY	: Wine and Malt Regular
EMAIL ADDI	RESS:			
	PLEASE ALSO VIS	IT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED F	PREMISES:		
ONE FLOOR,	FOUR ROOMS W	ITH CELLAR FOR STOR	AGE	
2. the	licensee has compli premises are now o	• •		<u> </u>
DATE:	TELE	EPHONE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
Please Check Belo APPROVED: DISAPPROVI (If disapproved	ED:		LOCAL LICENSING AUTH By:	HORITY
DATE:				



www.mass.gov/abcc

#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUM	IBER: 029200038		CITY OR TOWN	DRACUT		
APPLICATION	FOR RENEWAL:	Annual	LICEN	SED FOR 20	13	
		CLASS			YEAR	
LICENSEE NAI	ME: L&K CORPORA	TION				
DOING BUSIN	ESS A MULDOON LI	QUORS				
ADDRESS 312	PLEASANT STREET					
CITY/TOWN:	DRACUT	STATE: MA	ZIP CODE:	01826		
MANAGER:	HENG, LY T T	YPE OF LICENSE: Pac	ckage Store CA	ATEGORY:	All Alcohol	
EMAIL ADDRE	ESS:					
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EN	MAIL ADDRESS		•	
	OF LICENSED PREM					
	AGE STORE CONSIS' ONT ENTRANCE/EXI			STORE FRO	NT	
I hereby certify a	and swear under penalti	es of perjury that:				
1. the re	enewed license will be o	of the same type for the	same premises now	licensed;		
2. the li	censee has complied wi	th all laws of the Comr	nonwealth relating to	taxes; and		
3. the pr	remises are now open for	or business (If not expl	ain below)			
SIGNED BY	Individual, Partn	er or Authorized Corpo	orate Officer			
	11.01 (10.001, 1 01.01	or or raumonized corp.	7. m.c 0.111.001			
DATE:	TELEPHO	NE NUMBER:	EMPLOYER	IDENTIFICAT	ION NUMBER:	
	TEEL TO	TIETIONEEK.	(Note: NOT Individual Social Security Number)			
Please Check Below	<i>7</i> :		LOCAL LICENS	ING AUTUG	DITV	
APPROVED:			By:	INO AUTIK	JKII I	
DISAPPROVEI	D:		23.			
(If disapproved of	explain)					
			-			
DATE						
DATE:						



www.mass.gov/abcc

#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	029200039		CITYOR	IOWN DR	KACUI	
APPLICATION FOR	RENEWAL:	Annua	I	LICENSED	FOR 201	3
		CLAS	S		Y	EAR
LICENSEE NAME: DOING BUSINESS A		ŕ	Ξ			
ADDRESS 49 STEW	ART ST					
CITY/TOWN: DRA	CUT	STATE:	MA ZIP C	ODE: 01	1826	
MANAGER: TELE M.	S, ELPIDIO T	YPE OF LICENS	E:Package Store	CATE	GORY:	All Alcohol
EMAIL ADDRESS:						
		R WEBSITE AND ENTER Y	OUR EMAIL ADDRESS		_	
DESCRIPTION OF L						
ONE FLOOR, 2 ROO ATTIC FOR STORAG		SALE AND ONE	FOR STORAGE	ALSO GAR	AGE AND	)
	es are now open f	ith all laws of the for business (If not her or Authorized	explain below)			
DATE:	TELEPHO	ONE NUMBER:		MPLOYER IDE		
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	n)		LOCAL By:	LICENSING	S AUTHOI	RITY
DATE:						



www.mass.gov/abcc

#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	2: 029200040		CITY OR TOW	N DRACUT	
APPLICATION FOR	R RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS		VN VARIETY			
ADDRESS 1734 LA		VIV VIIICEI I			
		OTT A TIPE		01006	
CITY/TOWN: DRA			IA ZIP CODE:	01826	
MANAGER: PATI	EL, KOMAL T	YPE OF LICENSE	:Package Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
		WEBSITE AND ENTER YO	UR EMAIL ADDRESS		
DESCRIPTION OF I					
ONE FLOOR, 2500 S OF STORE, ONE OR			STORE,2 EMERGE	NCY EXITS A	AT REAR
I hereby certify and s	wear under penalti	es of perjury that:			
1. the renew	ed license will be	of the same type for	the same premises no	w licensed;	
2. the license	ee has complied wi	th all laws of the C	ommonwealth relating	g to taxes; and	
3. the premis	ses are now open f	or business (If not e	explain below)		
SIGNED BY					
	Individual, Partn	er or Authorized C	orporate Officer		
DATE:	TELEPHO	NE NUMBER:		ER IDENTIFICAT	
			(Note: NOT	Individual Social S	Security Number)
Please Check Below:			LOCAL LICE	NSING AUTH	ORITY
APPROVED:			By:	101110111	
DISAPPROVED:			•		
(If disapproved expla	in)				
			-		
DATE:					
DATE.					



www.mass.gov/abcc

#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0292	200042	C	ITY OR TOWN	DRACUT	
APPLICATION FOR REN	NEWAL:	Annual	LICENS	SED FOR 20	13
		CLASS		•	YEAR
LICENSEE NAME: A.L.	F. ENTERPRISES, IN	C			
DOING BUSINESS A MA	ACKIES ALL IN ONE				
ADDRESS 391 TEXTILE	AVE.				
CITY/TOWN: DRACUT	STA	TE: MA	ZIP CODE:	01826	
MANAGER: FAUCHER CHARLEN		CENSE: Packa	ge Store CA	TEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
PLEASE	ALSO VISIT OUR WEBSITE AND	ENTER YOUR EMAI	L ADDRESS		
DESCRIPTION OF LICEN	NSED PREMISES:				
ONE FRONT DOOR AND FOR STORAGE	REAR DOOR FOR R	ECEIVING. F	TRST FLOOR,ON	E ROOM, C	ELLAR
3. the premises are	complied with all laws e now open for business	(If not explain	below)	taxes; and	
Indi	vidual, Partner or Author	orizea Corpora	te Officer		
DATE:	TELEPHONE NUMI	BER:	EMPLOYER (Note: <u>NOT</u> Indi	IDENTIFICATI vidual Social Se	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LICENS: By:	ING AUTHC	DRITY
DATE:					



www.mass.gov/abcc

#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU.	MBER: 029200044		CITY OR TOWN DRACO	01
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
DOING BUSI	AME: PRASAD CO NESS A NASON'S ( 90 LAKEVIEW AVI	QUICK MART		
CITY/TOWN:	DRACUT	STATE: MA	ZIP CODE: 01821	
MANAGER:	PATEL, BHUPENDRA R.	TYPE OF LICENSE:P	ackage Store CATEGOR	Y: Wine and Malt Regular
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PI	REMISES:		
ONE ROOM V	WITH EMERGENCY	Y EXIT IN REAR, ENT/I	EXIT AT FRONT OF PREMIS	ES
	premises are now op	en for business (If not experiment or Authorized Cor		
DATE:	TELEI	PHONE NUMBER:	EMPLOYER IDENTIFIC	
Please Check Beld APPROVED: DISAPPROVI (If disapproved	ED:		(Note: NOT Individual Soci  LOCAL LICENSING AUT  By:	·
DATE:				



www.mass.gov/abcc

#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 029200045		CITY OR TOWN	DRACUT	
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME	: FOOD EMPORIU	M, INC.			
DOING BUSINESS	S A CONVENIENCE	E PLUS			
ADDRESS 1480 BI	ROADWAY ROAD				
CITY/TOWN: DR	ACUT	STATE: MA	ZIP CODE:	01826	
	SSAIN, TYI SHAT T.	PE OF LICENSE: Pa	ackage Store C.	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR W	/EBSITE AND ENTER YOUR	EMAIL ADDRESS		_
	LICENSED PREMI				
ENTRANCE/EXIT	TORE/DELI AT 148 OFF OF PARKWAY OF STORE TO PAR	Y AREA IN FRONT			
I hereby certify and	swear under penalties	s of perjury that:			
1. the renev	wed license will be of	the same type for th	e same premises now	licensed;	
2. the licens	see has complied with	h all laws of the Com	nmonwealth relating t	o taxes; and	
3. the prem	ises are now open for	business (If not exp	lain below)		
SIGNED BY	Individual Dartna	r or Authorized Corp	orata Officar		
	murviduai, r artilei	i of Authorized Corp	orate Officer		
DATE:	TELEDIJON	NE NUMBER:	EMPI OYFI	R IDENTIFICAT	ΓΙΟΝ NUMBER:
	TELEFHON	NE NUMBER.			Security Number)
Please Check Below: APPROVED:			LOCAL LICENS	SING AUTH	ORITY
DISAPPROVED:			By:		
(If disapproved expl	lain)				
DATE:					



www.mass.gov/abcc

LICENSE NUMBE	R: 029200046		CITY OR TOWN	DRACUT
APPLICATION FO	OR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME	: FURTADO INC.			
DOING BUSINESS	S A SCOLA'S			
ADDRESS 101 BR	OADWAY ROAD			
CITY/TOWN: DR	ACUT	STATE: MA	ZIP CODE:	01826
MANAGER: FUE	RTADO, LISHA TYPE	OF LICENSE: Res	taurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS	:			
	PLEASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF	F LICENSED PREMISES	S:		
	DINING AREAS, TWO ENTRANCE AND EXIT BLDG			
I hereby certify and	swear under penalties of	f perjury that:		
1. the renev	wed license will be of the	same type for the	same premises now	licensed;
2. the licen	see has complied with al	l laws of the Comm	onwealth relating to	taxes; and
3. the prem	ises are now open for bu	isiness (If not expla	in below)	
SIGNED BY	Individual Doutnou or	· Authorized Come	mata Offican	
	Individual, Partner or	Authorized Corpor	rate Officer	
DATE:			EMBLOVED	IDENTIFICATION NUMBER.
DITTE.	TELEPHONE 1	NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
				• ,
Acts of 2004, signe	ed by the building inspe	ector and the head	of the fire departs	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below:			LOCAL LICENS	ING AUTHORITY
APPROVED:			By:	
DISAPPROVED:	1.5.			
(If disapproved expl	iain)		-	<del></del>
DATE:				



www.mass.gov/abcc

#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 029200049	•	CITY OR TO	OWN DRACUT	•
APPLICATION FO	R RENEWAL:	Annual	I	ICENSED FOR	2013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS	JEPET CORP.  A BROTHERS PIZZ	<b>Z</b> A			
ADDRESS 1734 LA	KEVIEW AVE.				
CITY/TOWN: DRA	ACUT	STATE: MA	ZIP COI	DE: 01826	
MANAGER: TSIA NIS	ANAKAS,IOAN TYP	E OF LICENSE: Rest	aurant	CATEGORY	: Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR EMA	AIL ADDRESS		
	LICENSED PREMIS				
DINING ROOM AN REAR OF BLDG.	ND KITCHEN, DOUB	LE ENTRANCE/EX	IT DOOR II	N FRONT, ONE I	OOOR IN
3. the premi	Individual, Partner	ousiness (If not explai			
DATE:	TELEPHONE	E NUMBER:		PLOYER IDENTIFICA	
Acts of 2004, signe	d, attest that we are a d by the building ins (2) the certificate of	pector and the head	of the fire d	epartment for th	e above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	ain)		LOCAL LI By:	ICENSING AUTH	HORITY
DATE:					



www.mass.gov/abcc

LICENSE NUMBER: 029200052	(	CITY OR TOWN DRACUT	
APPLICATION FOR RENEWAL:	nnual	LICENSED FOR 20	013
C	CLASS		YEAR
LICENSEE NAME: G & G QUICK BITE, INC. DOING BUSINESS A ADDRESS 1086 LAKEVIEW AVE.			
CITY/TOWN: DRACUT STAT	E: MA	ZIP CODE: 02249	
MANAGER: NASON, MARY J. TYPE OF LIC	CENSE: Resta	urant CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:			
DESCRIPTION OF LICENSED PREMISES:  900 SQ FT RESTAURANT WITH TWO ENTRAN  I hereby certify and swear under penalties of perjury  1. the renewed license will be of the same to the licensee has complied with all laws of the premises are now open for business (	v that:  ye for the safe the Common	EXITS  ame premises now licensed; onwealth relating to taxes; and	
SIGNED BY Individual, Partner or Author	rized Corpora	ate Officer	
DATE: TELEPHONE NUMBI	ER:	EMPLOYER IDENTIFICAT (Note: <u>NOT</u> Individual Social S	
We the undersigned, attest that we are in possess Acts of 2004, signed by the building inspector an named license and (2) the certificate of liquor lia of 2010.	nd the head o	of the fire department for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHORS:	ORITY
DATE:			



www.mass.gov/abcc

#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 029200056		CITY OR TOW	'N DRACUT	
APPLICATION FOR	RENEWAL:	Annual	LICI	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	KONTOS, INC				
DOING BUSINESS	A ALEXANDER'S	PHARMACY			
ADDRESS 505 NAS	HUA RD				
CITY/TOWN: DRA	CUT	STATE: MA	ZIP CODE:	01826	
MANAGER: KON GEOL	TOS, TYI RGE J.	PE OF LICENSE: P	ackage Store	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
1	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF I	LICENSED PREMIS	SES:			
3188 SQ FT OF FLO AND EXIT AT FRO PREMISES					
2. the license	ed license will be of the has complied with the are now open for	all laws of the Cor	nmonwealth relatin		
SIGNED BY	Individual, Partner	or Authorized Cor	porate Officer		
DATE:	TELEPHON	IE NUMBER:		YER IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expla	in)		LOCAL LICE By:	NSING AUTH	ORITY
DATE:					



www.mass.gov/abcc

LICENSE NUMBER	029200059		CITY OR TOWN	DRACUI	
APPLICATION FOR	RENEWAL:	Annual	LICE	NSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A		G,INC.C			
ADDRESS 810 MER	RIMACK AVE				
CITY/TOWN: DRA	CUT	STATE: MA	ZIP CODE:	01826	
MANAGER: LENZ J.	I, MICHAEL TYP	E OF LICENSE: Rest	taurant (	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR EM	AIL ADDRESS		_
DESCRIPTION OF L	ICENSED PREMIS	ES:			
1ST FLOOR FUNCT ATTIC; CELLAR FO BUILDING AND A 3 AREA	R STORAGE,MUL	TIPLE EXITS/ENTR	ANCES AT FRO	NT SIDE & F	REAR OF
I hereby certify and sv	vear under penalties	of perjury that:			
1. the renewe	d license will be of t	he same type for the s	same premises no	w licensed;	
	•	all laws of the Comm	•	to taxes; and	
3. the premise	es are now open for	business (If not expla	in below)		
SIGNED BY	Individual, Partner	or Authorized Corpor	rate Officer		
DATE:	TELEPHONI	E NUMBER:			ΓΙΟΝ NUMBER:
			(Note: NOT I	ndividual Social S	Security Number)
We the undersigned Acts of 2004, signed named license and (2010.	by the building ins	pector and the head	of the fire depar	tment for the	above
Please Check Below:			LOCAL LICEN	ISING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	n)				
			-		
DATE:					



www.mass.gov/abcc

### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 029200060		CITY OR '	ΓΟWN	DRACUT	
APPLICATION FOR	R RENEWAL:	Annual		LICENS	SED FOR 20	)13
		CLASS	S			YEAR
LICENSEE NAME:	RAYORA, INC					
DOING BUSINESS	A DRACUT CEN	TER CONVENIE	ENCE			
ADDRESS 1388 BR	IDGE STREET					
CITY/TOWN: DRA	ACUT	STATE:	MA ZIP CO	DDE:	01826	
MANAGER: PAT	EL, NAREN T	YPE OF LICENS	E:Package Store	CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER Y	OUR EMAIL ADDRESS			
DESCRIPTION OF						
ONE FLOOR 2500 S ONE REAR EMERO		ГORAGE AND C	OFFICE SPACE .	ONE FI	RONT ENTF	RANCE
2. the license	red license will be of ee has complied wi ses are now open for	th all laws of the	Commonwealth re			
SIGNED BY	Individual, Partn	er or Authorized (	Corporate Officer			
DATE:	TELEPHO	NE NUMBER:				TON NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: [ (If disapproved explain	nin)		LOCAL I	LICENS	ING AUTHO	ORITY
DATE:			- <del></del>			



www.mass.gov/abcc

#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 029200064		CITY OR TOWN DRACUT
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 2013
		CLASS	YEAR
LICENSEE NA	AME: MAMA'S ITAI	LIAN RESTAURANT, IN	NC
DOING BUSIN	NESS A MAMA'S ITA	ALIAN RESTAURANT	
ADDRESS 114	40 LAKEVIEW AVE		
CITY/TOWN:	DRACUT	STATE: MA	ZIP CODE: 01826
MANAGER:	KORAVOS, CONSTANTINOS S.	TYPE OF LICENSE: Res	staurant CATEGORY: All Alcohol
EMAIL ADDR	RESS:		
	PLEASE ALSO VISIT OF	UR WEBSITE AND ENTER YOUR EM	MAIL ADDRESS
	N OF LICENSED PRE		
SECOND FLO		NTRANCE/EXIT FRON	OOR LEVEL WITH STORAGE ON NT OF PREMISES AND SECONDARY
	premises are now open	with all laws of the Comm for business (If not expla	
DATE:	TELEPH	IONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Acts of 2004,	signed by the building	g inspector and the head	the certificate required by Chapter 304 of the d of the fire department for the above arance required by Chapter 116 of the Acts
Please Check Belo APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICENSING AUTHORITY By:
DATE:			



www.mass.gov/abcc

LICENSE NUMBER: 029	<del>)</del> 200065		CITY	Y OR TOWN	N DRACUT	
APPLICATION FOR RE	NEWAL:	Annua	I	LICE	NSED FOR 20	013
		CLASS	S			YEAR
LICENSEE NAME: EL DOING BUSINESS A T						
ADDRESS 1275 BRIDG	E ST					
CITY/TOWN: DRACU	Γ	STATE:	MA Z	ZIP CODE:	01826	
MANAGER:	TY	PE OF LICENS	E:Restaura	nt	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLEAS	E ALSO VISIT OUR W	EBSITE AND ENTER Y	OUR EMAIL AD	DDRESS		_
TWO STORY DETACH EXITS IN FRONT, ONE	ED BLDG, 300	0 SQ FT ON FI				
2. the licensee ha 3. the premises a  SIGNED BY	re now open for		explain be	low)	to taxes; and	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	011144101120	oorpor <b>uic</b> (			
DATE:	TELEPHON	IE NUMBER:			ER IDENTIFICAT	
We the undersigned, att Acts of 2004, signed by named license and (2) the of 2010.	the building in	spector and the	head of th	ie fire depai	rtment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LO By		ISING AUTH	ORITY
DATE:			_			



www.mass.gov/abcc

LICENSE NUMBER	: 029200066		CITY OR TOWN D	RACUT
APPLICATION FOR	RENEWAL:	Annual	LICENSEL	O FOR 2013
		CLASS		YEAR
LICENSEE NAME:	OFF BROADWAY	INC.		
DOING BUSINESS A	A MAGUIRE'S TAV	/ERN		
ADDRESS 1794 BRI	DGE STREET#33A	& 33A		
CITY/TOWN: DRA	CUT	STATE: MA	ZIP CODE: 0	1826
MANAGER: MAG C.	UIRE, ANNE TYP	E OF LICENSE:Re	estaurant CATE	EGORY: All Alcohol
EMAIL ADDRESS:				
DESCRIPTION OF I	PLEASE ALSO VISIT OUR WE LICENSED PREMIS		MAIL ADDRESS	
I hereby certify and sv	wear under penalties	of perjury that:		
•	-		e same premises now lice	ensed;
2. the license	e has complied with	all laws of the Com	monwealth relating to tax	xes; and
3. the premis	es are now open for l	ousiness (If not exp!	ain below)	
SIGNED BY	Individual, Partner	or Authorized Corp	orate Officer	
DATE:	TELEPHONE	E NUMBER:		ENTIFICATION NUMBER: ual Social Security Number)
Acts of 2004, signed	by the building ins	pector and the hea	ne certificate required be d of the fire departmen urance required by Cha	t for the above
Please Check Below:			LOCAL LICENSING	G AUTHORITY
APPROVED:	_		By:	
DISAPPROVED: (If disapproved expla	 in)			
(11 disappioved expia	,			
DATE:				
APPLICATION FOR RENEW	AL MUST BE FILED BY LIC	CENSEES DURING THE M	MONTH OF NOVEMBER (M.G.L.	. Ch. 138 \$ 16A)



www.mass.gov/abcc

#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 02	29200067		CITY (	OR TOWN	DRACUT	
APPLICATION FOR R	ENEWAL:	Annual		LICEN	ISED FOR 20	013
		CLASS				YEAR
LICENSEE NAME: C	OYLE'S ROADH	HOUSE TAVER	N INC.			
DOING BUSINESS A	EDDIE COYLE'S	S TAVERN				
ADDRESS 1480 BROA	DWAY ROAD U	JNIT 1				
CITY/TOWN: DRACU	JT	STATE: N	MA ZII	P CODE:	01826	
MANAGER: COX, LI	ESLIE A TYI	PE OF LICENSE	:Restaurant	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLEA	ASE ALSO VISIT OUR W	EBSITE AND ENTER YO	OUR EMAIL ADDR	ESS		_
APPROX 3800SQFT W ROAD, ONE ENTRAN EMERGENCY EXIT F. A 20x60 outdoor patio a	CE/EXIT FACIN ACING NORTH	IG EAST TO A	VACANT PA	ARKING L	OT, ONE	
2. the licensee h	license will be of nas complied with are now open for	the same type for all laws of the C	Commonweal	th relating		
SIGNED BY	ndividual, Partner	or Authorized C	Corporate Off	icer		
DATE:	TELEPHON	E NUMBER:	L	EMPLOYE	R IDENTIFICAT	TION NUMBER:
			(N	Note: NOT In	dividual Social S	Security Number)
We the undersigned, a Acts of 2004, signed by named license and (2) of 2010.	y the building ins	spector and the	head of the	fire depart	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOC. By:	AL LICEN	SING AUTH	ORITY
DATE:						



www.mass.gov/abcc

#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	129200069		CITY OR TOW	N DRACUI	
APPLICATION FOR F	ENEWAL:	Annual	LICE	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: ( DOING BUSINESS A		HOPS			
ADDRESS 1217 MAM		11015			
CITY/TOWN: DRAC		STATE: MA	ZIP CODE:	01826	
MANAGER: MARCO ALAN	OTTE, TYPE (	OF LICENSE: Pa		CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLI	EASE ALSO VISIT OUR WEBSIT	E AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF LI	CENSED PREMISES	:			
3350 SQ FT WITH 242 OFFICE WITH ONE E					
I hereby certify and swe	ear under penalties of	perjury that:			
1. the renewed	license will be of the	same type for the	same premises no	ow licensed;	
2. the licensee	has complied with all	laws of the Com	monwealth relating	g to taxes; and	
3. the premises	are now open for bus	iness (If not expl	ain below)		
SIGNED BY					
]	Individual, Partner or A	Authorized Corp	orate Officer		
DATE:			EMPLOY	ZED IDENTIFICAT	FIONI NILIMBED.
DATE.	TELEPHONE N	UMBER:		YER IDENTIFICAT Individual Social S	
					•
Please Check Below: APPROVED:				NSING AUTH	ORITY
DISAPPROVED:			Ву:		
(If disapproved explain	)				
-					
DATE:					



www.mass.gov/abcc

### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 029200071		CITY OR TOWN	N DRACUT	
APPLICATION FO	R RENEWAL:	Annual	LICE	NSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME DOING BUSINESS ADDRESS 1266 LA	S A JAY'S MART	S STATION INC.			
CITY/TOWN: DR	ACUT	STATE: MA	ZIP CODE:	01826	
MANAGER: PATARY	TEL, TY	YPE OF LICENSE: P	ackage Store	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	:				
		WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF					
FOR DELIVERIES		WITH TWO ENTRA	ANCES AND EXIT	S, ONE REAK	R DOOR
		th all laws of the Con or business (If not exp		to taxes; and	
	Individual, Partn	er or Authorized Corp	oorate Officer		
DATE:	ТЕLЕРНО	NE NUMBER:		ER IDENTIFICA Individual Social S	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	lain)		LOCAL LICEN By:	ISING AUTH	ORITY
DATE:					



www.mass.gov/abcc

LICENSE NUMBER: 0292	200072		CITY OR T	OWN DRACUT	ľ
APPLICATION FOR REN	IEWAL:	Annual	1	LICENSED FOR	2013
		CLASS			YEAR
LICENSEE NAME: ZHE	ENG'S AJ, INC				
DOING BUSINESS A KA	ASHIN GARDEN				
ADDRESS 10 DINLEY S	Γ				
CITY/TOWN: DRACUT		STATE: MA	ZIP CO	DE: 01826	
MANAGER: JING ZHE	NG TYPE	OF LICENSE: Re	estaurant	CATEGORY	: All Alcohol
EMAIL ADDRESS:					
PLEASE	ALSO VISIT OUR WEBS	SITE AND ENTER YOUR I	EMAIL ADDRESS		
DESCRIPTION OF LICEN					
50X40 RESTAURANT, O AND EXITS FRONT ANI				EN'S ROOM. EN'I	ΓRANCES
					_
	1 1	C : .1 .			_
I hereby certify and swear to 1. the renewed lice	•		a cama pramic	os now licensed:	
<ol> <li>the licensee has</li> </ol>		• 1	•		1
3. the premises are	-			lating to taxes, and	1
		ishiess (if not exp	ium ociow)		
SIGNED BY					
	vidual, Partner or	Authorized Corp	orate Officer		
DATE:	TELEPHONE I	NUMBER:		PLOYER IDENTIFICA	
			(Note: <u>I</u>	NOT Individual Social	l Security Number)
We the undersigned, atte	est that we are in	possession (1) th	ne certificate	required by Char	pter 304 of the
Acts of 2004, signed by the				_	
named license and (2) the of 2010.	e certificate of lic	quor hability ins	urance requii	red by Chapter 11	16 of the Acts
Please Check Below:			LOCALI	ICENSING AUTI	HODITV
APPROVED:			By:	ICENSING AUTI	HORIT I
DISAPPROVED:			Dy.		
(If disapproved explain)					
			-		
DATE:					



www.mass.gov/abcc

### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: U	129200073		CITY OR TOW.	N DRACUI	
APPLICATION FOR R	ENEWAL:	Annual	LICE	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: K DOING BUSINESS A ADDRESS 14 BROAD	BROADWAY CO				
CITY/TOWN: DRAC		STATE: MA	ZIP CODE:	01826	
MANAGER: PATEL	HIMAKSHI TYI	PE OF LICENSE: Pa	ackage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
DESCRIPTION OF LICAPPRX 3450 SQ FT OENTRANCE/EXIT DOPREMISE	CENSED PREMIS	AGE AND OFFICE	E SPACE. TWO FR		7
2. the licensee 3. the premises SIGNED BY	has complied with are now open for	the same type for the all laws of the Conbusiness (If not export or Authorized Corp.)	nmonwealth relating		
DATE:	TELEPHON	E NUMBER:		ER IDENTIFICA Individual Social S	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	)		LOCAL LICES By:	NSING AUTH	ORITY
DATE:					



www.mass.gov/abcc

#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 029200076		CITY OR TOWN	DRACUT
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	Owen & Ollies Resta	urant & Pub, LI	.C	
DOING BUSINESS	A			
ADDRESS 81 - 91 M	IILL STREET			
CITY/TOWN: DRA	CUT	STATE: M	A ZIP CODE:	01826
MANAGER: GORI KAY	MAN, MARY TYPE	OF LICENSE:	Restaurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
1	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOU	R EMAIL ADDRESS	
DESCRIPTION OF I	LICENSED PREMISE	S:		
	SAR AND OUTDOOF E/EXIT IN FRONT C		ANCE/EXITS TO REA	AR & SIDE-DOUBLE
I hereby certify and s	wear under penalties o	f perjury that:		
1. the renewe	ed license will be of th	e same type for	the same premises now	licensed;
	•		ommonwealth relating to	o taxes; and
3. the premis	ses are now open for b	usiness (If not ex	xplain below)	
SIGNED BY				
	Individual, Partner o	r Authorized Co	rporate Officer	
DATE:	TELEPHONE	NUMBER:		R IDENTIFICATION NUMBER:
			(Note: NOT Ind	lividual Social Security Number)
Acts of 2004, signed	by the building insp	ector and the h	ead of the fire departi	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below:			LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved expla	ın)			
DATE:				



www.mass.gov/abcc

LICENSE NUMB	ER: 029200077		CITY OR TOWN D	RACUT
APPLICATION F	OR RENEWAL:	Annual	LICENSEI	FOR 2013
		CLASS		YEAR
LICENSEE NAMI	E: RASTAN, INC.			
DOING BUSINES	SS A BLUE ANGUS (	CAFÉ		
ADDRESS 34 BR	OADWAY ROAD UN	VIT 12		
CITY/TOWN: D	RACUT	STATE: MA	ZIP CODE: 0	1826
MANAGER: CH	HICKLIS,STEPHE TY P	PE OF LICENSE: Re	estaurant CATE	EGORY: All Alcohol
EMAIL ADDRES	S:			
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR E	EMAIL ADDRESS	
DESCRIPTION O	F LICENSED PREMI	SES:		
restaurant with bar	, approx 2800 sq ftof s	pace. Two front door	rs rear delivery door and	emergency exit
I hereby certify and	d swear under penaltie	s of perjury that:		
1. the rene	ewed license will be of	the same type for the	e same premises now lice	ensed;
2. the lice	nsee has complied with	all laws of the Com	monwealth relating to ta	xes; and
3. the prei	mises are now open for	business (If not expl	lain below)	
SIGNED BY	Individual, Partne	r or Authorized Corp	orate Officer	
DATE:	TELEPHON	NE NUMBER:		ENTIFICATION NUMBER: nal Social Security Number)
Acts of 2004, sign	ned by the building in	spector and the hea	ne certificate required be d of the fire department rance required by Cha	t for the above
Please Check Below:			LOCAL LICENSING	G AUTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved ex	plaın)			
DATE:				
APPLICATION FOR REN	NEWAL MUST BE FILED BY I	LICENSEES DURING THE N	MONTH OF NOVEMBER (M.G.L.	Ch. 138 \$ 16A)



www.mass.gov/abcc

#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	129200078		CITY OR TOWN	DRACUI
APPLICATION FOR I	RENEWAL:	Annual	LICEN	ISED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	Kimberly Bobola and	Derek Bobola		
DOING BUSINESS A	Bobola's Family Res	staurant		
ADDRESS 1420 Lakev	view Ave			
CITY/TOWN: DRAC	CUT	STATE: MA	ZIP CODE:	01826
MANAGER:	TYPE	OF LICENSE: Res	taurant C	CATEGORY: All Alcohol
EMAIL ADDRESS:				
PL	EASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR EN	MAIL ADDRESS	
DESCRIPTION OF LI	CENSED PREMISE	S:		
Two front entrances/ex rear entrance/exit and t	•	ency exit, dining are	ea, restrooms, stora	ge room, office. One
I hereby certify and swe	ear under penalties of	f perjury that:		
1. the renewed	license will be of the	e same type for the	same premises now	v licensed;
2. the licensee	has complied with al	l laws of the Comn	nonwealth relating	to taxes; and
3. the premises	s are now open for bu	siness (If not expla	nin below)	
SIGNED BY	Individual, Partner o	· Authorized Corpo	rate Officer	
	,	·		
DATE:	TELEPHONE	NUMBER:	EMPLOYE:	R IDENTIFICATION NUMBER:
			(Note: NOT In	dividual Social Security Number)
Acts of 2004, signed b	y the building inspe	ector and the head	l of the fire depart	red by Chapter 304 of the tment for the above Chapter 116 of the Acts
Please Check Below:			LOCAL LICENS	SING AUTHORITY
APPROVED:	_		By:	
DISAPPROVED:				
(If disapproved explain	)			
DATE:				
DAIE.				



www.mass.gov/abcc

LICENSE NUN	MBER: 029200079		CITY OR TOWN DRACUT	•
APPLICATION	N FOR RENEWAL:	Annual	LICENSED FOR 2	2013
		CLASS		YEAR
LICENSEE NA	AME: CTC Corp			
DOING BUSIN	NESS A Romano's p	izza of Dracut		
ADDRESS 179	94 Bridge St, #10			
CITY/TOWN:	DRACUT	STATE: MA	ZIP CODE: 01826	
MANAGER:	Theodorakakis, Helen	TYPE OF LICENSE: Res	staurant CATEGORY	: Wine and Malt Regular
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS	
	N OF LICENSED PF			
3000 sq ft resta bathrooms	urant with two entra	nces/exits in front, two exits	s in rear, kitchen, dining room,	two
I hereby certify	and swear under per	nalties of perjury that:		
1. the 1	renewed license will	be of the same type for the	same premises now licensed;	
2. the 1	licensee has complied	d with all laws of the Comr	nonwealth relating to taxes; and	
3. the j	premises are now ope	en for business (If not expla	nin below)	
SIGNED BY				
	Individual, P	artner or Authorized Corpo	orate Officer	
DATE:	TELEF	PHONE NUMBER:	EMPLOYER IDENTIFICA	
			(Note: NOT Individual Social	Security Number)
Acts of 2004,	signed by the buildi	ing inspector and the head	e certificate required by Chap I of the fire department for th rance required by Chapter 11	e above
Please Check Belo	ow:		LOCAL LICENSING AUTH	HORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	explain)		-	
DATE:				
•				



www.mass.gov/abcc

#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	029200080		CITY OR TOWN	DRACUT	
APPLICATION FOR	RENEWAL:	Annual	LICEN	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	MEADOW CREEK	GOLF CLUB INC			
DOING BUSINESS A					
ADDRESS 1 CLUBH	OUSE LANE				
CITY/TOWN: DRAG	CUT	STATE: MA	ZIP CODE:	01826	
MANAGER: BREM	,FEFFERY A. TYPI		eneral on Cemise	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PI	EASE ALSO VISIT OUR WEE	SSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF L					
NEW CLUBHOUSE UCOURSESERVICE				LF	
I hereby certify and sw	ear under penalties o	of perjury that:			
1. the renewed	l license will be of the	ne same type for the	same premises nov	v licensed;	
2. the licensee	has complied with a	all laws of the Com	monwealth relating	to taxes; and	
3. the premise	s are now open for b	usiness (If not expl	ain below)		
SIGNED BY					
	Individual, Partner of	or Authorized Corp	orate Officer		
DATE:	TELEPHONE	NUMBER:		R IDENTIFICAT	
			(Note: <u>NOT</u> Individual Social Security Number)		
We the undersigned, Acts of 2004, signed anamed license and (2 of 2010.	by the building insp	ector and the hea	d of the fire depart	tment for the	above
Please Check Below:			LOCAL LICEN	SING AUTH	ORITY
APPROVED:	_		By:		
DISAPPROVED:					
(If disapproved explain	1)				
DATE:					



www.mass.gov/abcc

#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMI	BEK: 029200082		CITY OR TO	WN DRACUI	
APPLICATION 1	FOR RENEWAL:	Annual	LI	CENSED FOR 2	2013
		CLASS			YEAR
		BEER & WINE, COPORA	ATION		
ADDRESS 197 N	MERRIMACK AV	VENUE			
CITY/TOWN: I	DRACUT	STATE: MA	ZIP COD	E: 01826	
MANAGER: V	INH, ALICE	TYPE OF LICENSE: P	ackage Store	CATEGORY	: Wine and Malt Regular
EMAIL ADDRE	SS:				
	PLEASE ALSO VISI	I OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
	OF LICENSED P				
ONE STORY BU ENTRANCES/ E		CONCEPT UNIT APPRO	OX. 1600 SQ FT	. WITH TWO	
	emises are now op	ed with all laws of the Corpen for business (If not expended and partner or Authorized Corpen for Section 2015).	plain below)		
DATE:	TELE	PHONE NUMBER:		OYER IDENTIFICA T Individual Social	
Please Check Below: APPROVED: DISAPPROVED (If disapproved e	):		LOCAL LIC	CENSING AUTH	IORITY
DATE:					



www.mass.gov/abcc

#### ON PREMISES LICENSE RENEWAL APPLICATION

APPLICATION FOR RENEWAL:			
	Annual	LICENSED FOR 2013	
	CLASS	YE	AR
LICENSEE NAME: MOKRO, CORP.			
DOING BUSINESS A BROTHER'S PIZZ	ZA II		
ADDRESS 101 BROADWAY ROAD UN	IITS 1 & 2		
CITY/TOWN: DRACUT	STATE: MA Z	ZIP CODE: 01826	
MANAGER: TSIANAKAS, TYPI PETER	E OF LICENSE: Restauran	nt CATEGORY: Al	ll Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEF	BSITE AND ENTER YOUR EMAIL AD	DRESS	
DESCRIPTION OF LICENSED PREMISI			
TWO SINGLE FLOOR UNITS CONSIST APPROX 2,820 SQ FT OF A 42,000 SQ F TWO EMERGENCY EXITS AT REAR O	T BUILDING; ONE ENT	~	
I hereby certify and swear under penalties of	of perjury that:		
1. the renewed license will be of the	he same type for the same	premises now licensed;	
2. the licensee has complied with a	all laws of the Commonwe	ealth relating to taxes; and	
3. the premises are now open for b	business (If not explain bel	low)	
SIGNED BY Individual, Partner of	or Authorized Corporate C	Officer	
	or Authorized Corporate C	Officer	
Individual, Partner o	or Authorized Corporate C	Officer	
		EMPLOYER IDENTIFICATION	
Individual, Partner of			
Individual, Partner of	E NUMBER: in possession (1) the certipector and the head of th	EMPLOYER IDENTIFICATION (Note: NOT Individual Social Securificate required by Chapter 3 te fire department for the above	304 of the
DATE: TELEPHONE  We the undersigned, attest that we are is Acts of 2004, signed by the building inspinamed license and (2) the certificate of 1 of 2010.  Please Check Below:	E NUMBER: in possession (1) the certi pector and the head of th liquor liability insurance	EMPLOYER IDENTIFICATION (Note: NOT Individual Social Securificate required by Chapter 3 te fire department for the above	604 of the ove the Acts
Individual, Partner of DATE:  TELEPHONE  We the undersigned, attest that we are is Acts of 2004, signed by the building inspinamed license and (2) the certificate of 1 of 2010.  Please Check Below:  APPROVED:	E NUMBER: in possession (1) the certi pector and the head of th liquor liability insurance	EMPLOYER IDENTIFICATION (Note: NOT Individual Social Securificate required by Chapter 3 te fire department for the aborequired by Chapter 116 of the CAL LICENSING AUTHORITED STATES AUTHORITED STATES AND THE STATES AN	604 of the ove the Acts
Individual, Partner of TELEPHONE  We the undersigned, attest that we are it Acts of 2004, signed by the building inspinamed license and (2) the certificate of lof 2010.  Please Check Below:  APPROVED:  DISAPPROVED:	E NUMBER: in possession (1) the certipector and the head of the liquor liability insurance	EMPLOYER IDENTIFICATION (Note: NOT Individual Social Securificate required by Chapter 3 te fire department for the aborequired by Chapter 116 of the CAL LICENSING AUTHORITED STATES AUTHORITED STATES AND THE STATES AN	604 of the ove the Acts
Individual, Partner of DATE:  TELEPHONE  We the undersigned, attest that we are is Acts of 2004, signed by the building inspinamed license and (2) the certificate of 1 of 2010.  Please Check Below:  APPROVED:	E NUMBER: in possession (1) the certipector and the head of the liquor liability insurance	EMPLOYER IDENTIFICATION (Note: NOT Individual Social Securificate required by Chapter 3 te fire department for the aborequired by Chapter 116 of the CAL LICENSING AUTHORITED STATES AUTHORITED STATES AND THE STATES AN	604 of the ove the Acts
Individual, Partner of TELEPHONE  We the undersigned, attest that we are it Acts of 2004, signed by the building inspinamed license and (2) the certificate of lof 2010.  Please Check Below:  APPROVED:  DISAPPROVED:	E NUMBER: in possession (1) the certipector and the head of the liquor liability insurance	EMPLOYER IDENTIFICATION (Note: NOT Individual Social Securificate required by Chapter 3 te fire department for the aborequired by Chapter 116 of the CAL LICENSING AUTHORITED STATES AUTHORITED STATES AND THE STATES AN	604 of the ove the Acts



www.mass.gov/abcc

LICENSE NUMBER: 02920	00084		CITY OR TO	WN DRACUT	
APPLICATION FOR RENE	EWAL:	Annual	LIC	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: PRIM	O PIZZA & CATI	ERING, LLC			
DOING BUSINESS A PRI	MO PIZZA				
ADDRESS 115A HAMPSO	N STREET				
CITY/TOWN: DRACUT	S	STATE: MA	ZIP CODI	E: 01826	
MANAGER: KOTSIRON CHRISTOS	IS, TYPE OF	F LICENSE: Re	staurant	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
PLEASE AT	LSO VISIT OUR WEBSITE	AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF LICENS					
997 SQ FT OF WHICH API ENTRANCE/EXIT AND RI			A RESTAURA	NT WITH LEFT	FRONT
I hereby certify and swear ur	nder penalties of pe	erjury that:			
1. the renewed licen	use will be of the sa	ame type for the	same premises	now licensed;	
2. the licensee has c	omplied with all la	aws of the Com	monwealth relat	ing to taxes; and	
3. the premises are i	now open for busir	ness (If not expl	ain below)		
SIGNED BY					
Indivi	idual, Partner or A	uthorized Corp	orate Officer		
D 4 777					
DATE:	TELEPHONE NU	JMBER:		OYER IDENTIFICAT	
			(Note. <u>NO</u>	T Individual Social S	security Number)
We the undersigned, attest Acts of 2004, signed by the named license and (2) the of 2010.	e building inspect	or and the hea	d of the fire de	partment for the	above
Please Check Below:			LOCAL LIC	ENSING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved explain)					
(11 disapproved explain)					
					<del></del>
DATE:					